

DOCUMENT # 709647

1. Entity Name

NORTH EAU GALLIE CIVIC ASSOCIATION, INC.

Principal Place of Business

4350 SHERWOOD BLVD  
MELBOURNE FL 32935

Mailing Address

4350 SHERWOOD BLVD  
MELBOURNE FL 32935-2966

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

59-6168973

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~BUTLER, RICHARD~~  
4350 SHERWOOD BLVD  
MELBOURNE FL 32935

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.259. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to FeesMake Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> Delete
NAME	OLSON, JIM	
STREET ADDRESS	4417 MAXWELL DR	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	D	
NAME	SMITH, ELWOOD	
STREET ADDRESS	4151 ROBIN HOOD DR	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	D	
NAME	WALKER, HENRY	
STREET ADDRESS	2265 ALLAN ADALE RD	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	D	
NAME	WEISSMAN, ELI	
STREET ADDRESS	2390 KING RICHARD RD	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	BUTLER, RICHARD	
STREET ADDRESS	4350 SHERWOOD BLVD	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	TOLLE, WILLIAM	
STREET ADDRESS	2388 ALLAN ADALE RD	
CITY-ST-ZIP	MELBOURNE FL 32935	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STERLING WARNER	
STREET ADDRESS	2866 LOCKSLEY RD	
CITY-ST-ZIP	MELBOURNE, FL, 32935	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Richard L. Butler*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/

**FILED**  
**May 19, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90057 025 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

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